



Provider E-Newsletter

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Discontinuation of Legacy Automated Response System (ARS) Access



DMAS has implemented a new ARS web portal called the User Administrative Console (UAC) on February 19, 2007. The UAC is an application that allows the provider to assign a Delegated Administrator for its office or facility. The UAC can then enable access to anyone in the provider's office or facility with a business need to access ARS information on the provider's behalf.

Effective December 3, 2007, access to the ARS will only be available through the new web-based UAC. Current ARS users that have not transitioned to the new web-based UAC will not be able to access the ARS after December 2, 2007. ARS users can continue to access information using their Legacy ID or their NPI until DMAS mandates the use of NPI on all transactions. DMAS will provide notice prior to the mandated use of NPI's on all Virginia Medicaid transactions.

If you have not already registered for the UAC, please do so immediately so you may continue utilizing ARS functionality for real-time inquiry options such as recipient eligibility verification; two years of claim status, check status, and prior authorization status. Register now by navigating to <https://virginia.fhsc.com> on your internet browser. Select the "ARS" tab and then choose "Secure Login" from the menu and follow the instructions to register with the UAC. You may contact the First Health Services Web Support Call Center at 1-800-241-8726 if you have any questions or problems regarding the new UAC registration process.

DMAS is conducting multiple web-based Q&A sessions on how to register for UAC. Visit the DMAS Learning Network at <http://www.dmas.virginia.gov> for additional details on upcoming training events and opportunities.

NPI Updates



Are you using you NPI?

Using your NPI for Business Transactions

DMAS has adopted the NPI as the standard for identifying all participating providers on all transactions (Automated Response System (ARS), Claims, Prior Authorizations), including paper claims, for all DMAS Programs (Medicaid, FAMIS, SLH, and TDO).

Participating DMAS providers who are not defined as health care providers by CMS (http://www.dmas.virginia.gov/npi-home_page.htm) are not required to obtain an NPI and also may be ineligible to obtain an NPI. Due to this DMAS has issued a Virginia Medicaid specific API (Atypical Provider Identifier) that will be used in the same manner as an NPI to all participating Non Healthcare Providers.

Upcoming NPI NEWS

Please visit the DMAS website frequently for updates and questions concerning NPI at http://www.dmas.virginia.gov/npi-home_page.htm. As we approach the final compliance date for using an NPI for all healthcare related transactions, it is more critical than ever you remain vigilantly connected to ensure that there is no disruption in your cash flow. If you have NPI/API questions that are not otherwise answered on our site, please feel free to e-mail us at NPI@dmas.virginia.gov.

***Getting and sharing an NPI is free.....
not using it can be costly.***

Medicaid Enrollment and Coverage of Certified Professional Midwives



Effective immediately, DMAS will be enrolling Certified Professional Midwives (CPM) in Virginia Medicaid and reimbursing them for their services under the Medicaid Fee-for-Service program. In order to practice in the State of Virginia and provide services as an enrolled provider with the Virginia Medicaid Program, CPMs must be licensed by the Virginia Department of Health Profession's Board of Medicine, which requires CPMs to be credentialed by the North American Registry of Midwives and meet the standards and practice of the National Association of Certified Professional Midwives. Medicaid contracted managed care organizations (MCOs) have separate enrollment processes and are under no obligation to follow the DMAS enrollment process.

CPMs will be enrolled by DMAS as a distinct class type of provider. Unlike Certified Nurse Midwives (CNMs), CPMs do not have prescriptive authority, and do not have direct or indirect physician supervision. They can provide pre- and post-partum care with limitations, and labor and delivery services for low-risk pregnant women in the patient's home.

COVERED SERVICES AND REIMBURSEMENT

CPMs will be reimbursed for the services that they are allowed to provide under state regulation by the Department of Health Profession's Board of Medicine (18 VAC 85-130-45). Along with reviewing relevant state laws and regulations for the practice of midwifery, DMAS consulted with the Commonwealth Midwives Alliance and created the following list of CPT codes that CPMs will be allowed to bill:

36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)

51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION)
59025	FETAL NON-STRESS TEST
59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING
59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY, INCL. POSTPARTUM CARE
P3001	SCREENING PAP SMEAR, CERVIX OR VAGINAL UP TO 3 SMEARS
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LAB
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99352	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE

	VENTILATION
A4353	INTERMITTENT URINARY CATHETER; WITH INSERTION SUPPLIES
A4550	SURGICAL TRAYS
A4927	GLOVES, NON-STERILE, PER 50

These CPT codes are subject to change based on changes in the scope of practice of CPMs in Virginia by the Virginia Board of Medicine and changes to procedure codes as the CPT book is periodically updated. Reimbursement rates for CPM services under the Fee-for-Service program may be reviewed at www.dmas.virginia.gov/pr-fee_files.htm. **CPMs will be reimbursed at 75% of the rate currently provided to Physicians and CNMs; however, this rate may be periodically adjusted.**

Durable medical equipment (DME) and supplies that can be billed to DMAS by CPMs, such as gloves and catheters, require prior authorization (PA) beyond certain limitations. For a complete listing of DME and supplies that requires a PA along with the procedures required to submit a PA to the DMAS PA contractor, KePRO, please review the DME Provider Manual and Appendix B of the DME Manual, which can be found on the DMAS web site at www.dmas.virginia.gov. The DME Provider Manual provides an explanation of the PA procedures, contact information, required forms, and PA criteria.

CPM PROVIDER ENROLLMENT

Virginia licensed CPMs will be required to obtain an NPI prior to enrolling into the Virginia Medicaid Program. CPMs may obtain an NPI by contacting the National Plan and Provider Enumeration System (NPPES) at 1-800-465-3203. or by applying online at <https://nppes.cms.hhs.gov>. After obtaining an NPI, CPMs must submit a completed provider enrollment package to First Health Services Corporation (FHSC). FHSC is the fiscal agent for Virginia's Medical Assistance Program and administers all provider enrollment functions for Virginia Medicaid. The enrollment package can be acquired by contacting:

First Health Services – Provider Enrollment Unit (PEU)
P.O. Box 26803
Richmond, VA 23261-6803
1-888-829-5373 (in-state, toll-free long distance)
1-804-270-5105 (Richmond area and out-of-state long distance)
Fax: 1-804-270-7027

CPM PROVIDER TRAINING

DMAS will be hosting a day-long training session for licensed CPMs during October 2007. DMAS will send letters to all actively licensed CPMs in the Commonwealth, inviting them to attend this session. Covered services,

provider enrollment, claims and billing, eligibility, provider review, and other topics will be covered in this session. Information about this training session will also be available on the DMAS web site at www.dmas.virginia.gov.

EPSDT Update



The EPSDT program is participating in the ABCD Screening Academy, a project sponsored by the National Academy for State Health Policy and The Commonwealth Fund to increase use of a general developmental screening tool as a part of health supervision during well-child care provided by primary care providers who act as you children's medical homes.

The recent Medicaid memorandum dated August 23, 2007, clarifies the reimbursement criteria for providing EPSDT screenings and the associated developmental screenings according to the DMAS periodicity schedule. The memorandum provides coding guidance for developmental, hearing and vision screenings when provided on the same date of service as the EPSDT well child visit or EPSDT "screening" when specified by the DMAS periodicity schedule.

School Services Training



DMAS in conjunction with Department of Education completed a statewide training for school divisions during October 2007. The training took place in Charlottesville, VA over a 3 day period and over 350 school personnel/providers attended the training. The training was an overview of the current services as well as the new services that were recently approved by the Centers for Medicare and Medicaid Services. Two Medicaid State Plan Amendments (SPAs) for Medicaid Services were approved on June 28, 2007 which added additional services that school divisions can get reimbursement for children enrolled in Medicaid. The services include:

Services with July 1, 2003 effective date of service:
Medical Evaluations
Personal Care Assistants

Additional Psych Providers
Audiology

Services with July 1, 2006 effective date of service:
Transportation Services

Other changes effective July 1, 2006:

The practitioner of the healing arts for PT/OT/SLP may authorize the medical necessity for that particular discipline.

Habilitation services and maintenance services are billable. If therapy needs to be provided so that regression is slowed, or therapy must be provided to maintain function, then the services are billable to DMAS.

School divisions have to participate in cost-based reimbursements.

The school manual will soon be updated with the new services.

The Program of All-Inclusive Care for the Elderly (PACE) in Virginia



The Program of All-Inclusive Care for the Elderly (PACE) is well underway in the Commonwealth of Virginia. Five organizations, 3 health systems and 2 Area Agency's on Aging (AAAs) are moving enthusiastically to establish a PACE program in various regions in Virginia. Two of the organizations (AAAs) will operate rural PACE programs in far Southwest Virginia.

Tentative operational "go live" dates have been identified and both the Department of Medical Assistance Services (DMAS), the State Administering Agency (SAA) and the Centers for Medicare and Medicaid (CMS) are carefully reviewing PACE provider applications to make certain that all operating procedures are in compliance with federal and state regulations.

PACE center locations and anticipated operational dates are as follows:

PACE Sentara, Virginia Beach, operational date November 1, 2007

PACE Riverside Peninsula, Hampton, operational date December 2007
PACE Riverside Richmond, Richmond, operational date July 2008
PACE Centra Health, Lynchburg, operational date July 2008
PACE AllCare for Seniors, Cedar Bluff, operational date April 2008
PACE Mountain Empire, Big Stone Gap, operational date February 2008

Provider applications for PACE organizations are in various stages in the review process:

- PACE Sentara has received approval by CMS and DMAS and will open its doors on November 1, 2007 as Virginia's first Program of All-Inclusive Care for the Elderly (PACE). A kick-off highlighting PACE Sentara and PACE is planned for November 28, 2007 in Virginia Beach.
- PACE Riverside Peninsula completed their first 90-day clock review by CMS on July 3, 2007 and submitted their RAI responses and State Readiness Review (SRR) report to CMS on September 11, 2007 for review and approval.
- PACE Mountain Empire completed their first 90-day clock with CMS on October 3, 2007 and are in the process of preparing their RAI responses.
- PACE AllCare for Seniors is in their first 90-day clock with CMS which will expire on November 23, 2007.

The two remaining programs—PACE Riverside Richmond and PACE Centra Health, are in varying stages of PACE program development focusing on a myriad of factors, such as PACE site location, building design and construction.

A seventh PACE program is earmarked for Northern Virginia. A request for application (RFA) was published on July 23, 2007 to solicit applications from organizations interested in developing a PACE program in underserved areas of Northern Virginia. Five agencies, specializing in a diverse mixture of human services, submitted a letter of intent indicating their interest in working together to develop PACE in Northern Virginia. The due date for receipt of their application is April 30, 2008.

The focus and advantages of PACE are three-fold—individuals, families and PACE organizations. The advantages to PACE are many...for hundreds of elderly citizens across the Commonwealth of Virginia, PACE will help them to access needed services in a home and community-based setting that is licensed and operated by a professional team, who will help them live safely and appropriately in their home and community for as long as possible. For families and caregivers, PACE will provide them with additional support that will enable them to manage their lives and their loved ones better. And for the

PACE organization, PACE will give them the latitude to coordinate care for the elderly across settings and medical disciplines and receive capitated funding that allows them the flexibility and creativity to provide the best care possible.

When you think of *PACE in the Commonwealth of Virginia*, think of a program that offers a one-stop shop for all healthcare services for our elderly citizens. PACE will prove to be a program in Virginia that endorses the elderly and the community working together for choice of quality healthcare.

For more information, contact Deborah Pegram at Deborah.peggram@dmass.virginia.gov or visit DMAS website at: <http://www.dmass.virginia.gov/ltc-PACE.htm>.

Disclaimer: All information included herein is of an informative nature only. This newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from the Department of Medical Assistance Services (DMAS).